

Methods: Employing the HBM as a guiding framework, five focus groups were conducted involving rural community members. The HBM components—perceived susceptibility, severity, benefits, barriers, cues to action, and self-efficacy—helped structure discussions and analyze data, providing insights into the community's health beliefs and attitudes towards vaccination. Trustworthiness and rigor were ensured by having each author analyze and cross check themes identified and consensus obtained amongst the three coauthors.

Results: The study revealed a deep-seated mistrust in both governmental health authorities and pharmaceutical entities, contrasted with a strong trust in local healthcare providers, notably pharmacists. Identified barriers to vaccine uptake included concerns about the safety and efficacy of vaccines, skepticism towards the accelerated development of new vaccines, and a call for more accessible and localized vaccine information. Participants expressed a need for interventions to address these concerns directly.

Conclusions: Key factors influencing vaccine hesitancy in rural areas were elucidated, highlighting the critical role of health professionals in mitigating these concerns. By focusing on reducing perceived barriers and enhancing perceived benefits and self-efficacy, pharmacist-led interventions can significantly improve vaccine confidence and uptake. Future efforts will focus on exploring community pharmacist perspectives and creating a tailored MI training for pharmacists, based on our findings.

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Abstract 138

Examining Community Pharmacists' Perceptions of their Professional Quality of Life: Taking Care of the Pharmacist

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Background: During the COVID-19 pandemic, community pharmacists faced increased workload and demands from patients and the healthcare system that continues to this day. Understanding professional (work-related) quality of life (QOL) can inform evidence-based strategies to improve pharmacist well-being, decrease burnout, and improve workplace retention. Additionally, for pharmacists to engage in caring patient relationships and optimize medication use, it is important to examine their professional QOL. The primary objective was to examine community pharmacists' perceptions of their professional QOL. The secondary objective was to assess associations between professional QOL and pharmacists' practice-related characteristics, as well as pharmacists' perceptions of the impact of professional QOL on patient relationships.

Methods: A cross-sectional, descriptive survey design was used. A Qualtrics panel of community pharmacists representative of the United States pharmacist population in terms of age, gender, and ethnicity, was used to gather study data (N=200). Pharmacists' perceptions of their professional QOL were measured using the validated 30-item Professional Quality of Life (ProQOL) instrument (version 5). ProQOL measures professional QOL that is impacted by perceived support, compassion satisfaction, and compassion fatigue. Compassion fatigue dimensions include burnout, secondary traumatic stress, and moral distress. Data were collected on practice-related characteristics and respondent demographics. Open-ended survey questions allowed pharmacists to provide comments about their professional QOL and impact on patient relationships. Primary objective data will be analyzed using the ProQOL manual. Secondary objective data will be analyzed using quantitative analyses (alpha set at 0.05 a priori) and open-ended response data will be analyzed using content analysis. Descriptive statistics will be used to describe the study sample.

Results: Data collection is complete.

Conclusions: Study results will inform future research to develop and evaluate an intervention to improve community pharmacist professional QOL. Future research to study the impact of professional QOL on pharmacist-patient relationships and the patient medication use process is planned.

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Abstract 140

Exploring community pharmacists' and patients' experiences regarding a community pharmacist-delivered depression screening and referral service for older adults

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Background: Approximately 10-15% of older adults (≥65 years) experience late-life depression (LLD). Community pharmacists are well-positioned to identify patients at risk of LLD, thereby supporting the timely detection and treatment of LLD. The aim of this study is to explore community pharmacists' and patients' experiences delivering and receiving a depression screening and referral service for older adults, respectively.

Methods: Community pharmacists and patients who participated in a pilot study in New South Wales, Australia, from 2021-2023, focussing on screening and referring older adults at risk of depression, were invited to participate in semi-structured interviews following completion of pilot study data collection. An interview guide was developed to explore pharmacists' and patients' experiences delivering and receiving the screening service, respectively. Semi-structured interviews explored barriers and facilitators and assessed pharmacists' and patients' comfort and acceptability regarding the service. Thematic inductive analysis was used to identify themes and subthemes.

Results: A total of six pharmacists and five patients completed telephone interviews. Most pharmacists were female (n=4) and practising in a metropolitan area (n=4), whereas all patients were female (n=5). Three themes were identified: 'Appropriateness of the community pharmacy setting', 'Training before screening is valuable' and 'Patients' hesitation to undergo screening', which were divided into six subthemes. Pharmacists and patients were accepting of the screening service, with pharmacist-patient rapport, frequent interactions between patients and pharmacists, and training acting as facilitators. Barriers included patients' preference to discuss mental health concerns with doctors compared to pharmacists and mental health stigma.

Conclusions: Pharmacists and patients viewed pharmacist-delivered LLD screening to be an acceptable and useful service, reporting that positive patient-pharmacist relationships improved comfort with screening. The findings of this study may be used to inform potential service delivery models to support the early identification and treatment of LLD.

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Abstract 159

Factors Impacting Job Satisfaction among Pharmacists in the Arab World: A Qualitative Study

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Background: Pharmacists face challenges that might compromise their job satisfaction. Currently, there is a lack of information regarding the level of pharmacists' job satisfaction in the Arab world. This study objective was to explore in-depth the pharmacists' satisfaction level and the challenges they encounter in their career path in the Arab world. The results of the present study will allow policymakers to take corrective actions to improve pharmacist's satisfaction based on the information gathered.

Methods: This qualitative study was part of a large quantitative study. Data were collected using a self-administered electronic questionnaire posted on pharmacists' social media (Facebook/Twitter/LinkedIn/WhatsApp) networks in 18 Arab countries. The thematic analysis followed was an inductive analytic methodology using a constructivist paradigm. The electronic survey was administered through Qualtrics Survey Software (Qualtrics, Inc, Provo, UT). The survey link was open from March 22, 2021 to May 1, 2021. The survey was reposted daily to increase response rates. Pharmacists were free to add any additional comments about job satisfaction and job dissatisfaction at an optional open-ended question.

Results: The results relied on the comments of 110 pharmacists. The survey data demonstrated several reasons underlying job dissatisfaction among Arab pharmacists. However, underestimation of the pharmacists' role, low salaries, lack of motivation and excessive workload were reported as major contributors to job dissatisfaction. On the other hand, professional commitment and the culture of the work setting were the major contributors to job satisfaction.

Conclusions: Government officials and pharmacy profession stakeholders in the Arab countries should consider the outcomes of this study to address the underlying causes of job dissatisfaction among Arab pharmacists. While the results of our study reveal the need to improve the work environment for pharmacists, the authors also recommend careful attention to pharmacy education to better prepare pharmacy graduates for the global dynamic changes in the pharmacy practice.

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Abstract 162

Pharmacist action at the pharmacy checkpoint before safe drug dispensation to older people

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Background: To contribute to rational use of medicines, pharmacists assess prescribed drugs at a "pharmacy checkpoint" before dispensing. The objective was to investigate pharmacists' action at the pharmacy checkpoint, with focus on older people's medication.

Methods: The medication lists of 292 older patients (median age: 74.5 years (range: 65–99), 59% female) were independently assessed by two experienced licenced pharmacists, regarding potential barriers for dispensation. For each patient, the medication list was categorised in three mutually exclusive groups: (i) the drugs can be dispensed without pharmacist action, (ii) the drugs can probably be dispensed after verification with the customer, or (iii) the prescribing physician should probably be contacted for queries or verification before dispensation. In cases where both pharmacists concordantly determined that physician contact was required before safe dispensation, underlying reasons and pharmacotherapeutic suggestions were analysed.

Results: The first pharmacist assessed that 117 (40%) medication lists could be dispensed without further action, 115 (39%) required verification with the customer, and 60 (21%) required contact with the prescribing physician. The corresponding numbers for the second pharmacist was 158 (54%), 81 (28%), and 53 (18%). The pharmacists made concordant assessments in 192 (66%) cases (kappa: 0.46). In 37 (13%) cases, both pharmacists determined that physician contact was probably required before safe dispensation. In these cases, both pharmacists described that the barrier for dispensation was ≥ 1 potential drug interaction (n=35, 95%), dosing issues (n=9, 24%), and/or that it had to be ascertained that laboratory tests were checked (n=5, 14%). Frequent

pharmacotherapeutic suggestions to the prescribing physician were to replace one drug with another (n=14, 38%) or to add a gastroprotective agent (n=8, 22%).

Conclusions: About half of older patients' medication lists were assessed as requiring pharmacist action before the drugs could be safely dispensed. The moderate inter-rater agreement illustrates the complexity facing pharmacists at the pharmacy checkpoint.

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Abstract 163

Expanding pharmacist role in the management of opioid use disorder through extended-release buprenorphine administration, a qualitative analysis

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Background: Canadian pharmacists are injection-trained and starting to provide subcutaneous (SC) administration of extended-release (ER) injectable buprenorphine for patients with opioid use disorder (OUD). This is a novel service and a step towards building collaborative practice in opioid stewardship. This project aims to explore the perception and experience of pharmacists and prescribers involved in pharmacist-led ER buprenorphine administration for patients with OUD within community pharmacies, and identify perceived barriers to the provision of the service.

Methods: This project undertook a qualitative research method of study using one-on-one semi-structured interviews. Purposive sampling was obtained through snowballing informal contacts and corporate contacts within Ontario, Canada. Thematic analysis was undertaken using NVivo 14.

Results: We interviewed 9 pharmacists and 3 prescribers (2 nurse practitioners and 1 physician). Nearly half of the participants identified as male (n=5) and practicing in an urban setting (n=7). Interviewed pharmacists had on average 1 year of experience delivering BUP injections and 8 years of pharmacy practice experience. Qualitative data analysis resulted in 4 themes. In the first theme, pharmacists took on various roles in providing care for patients with OUD. Aside from giving injections, they coordinated patient care, managed drug safety, and provided individual consultations. Prescribers in particular, acknowledged pharmacist capability in medication reconciliation. The second theme noted perceived benefits to patients, pharmacists, prescribers, and the health care system. The third theme documented barriers for buprenorphine injection administration inherent in patients, the neighbourhood, for pharmacists and pharmacies, and in existing procedures and regulations. Lastly, the fourth theme provided recommendations for improvement, for pharmacies and pharmacists, and for existing procedures and regulations.

Conclusions: Pharmacist administration of ER buprenorphine can support collaborative practice and enhance care for patients with OUD. Efforts to minimize or remove barriers in practice will further strengthen pharmacist ability to provide this novel service.

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Abstract 176

Alberta pharmacists' practices and barriers in providing comprehensive COPD care

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Background: Community pharmacists can support COPD patient care by clinical assessment, optimization of pharmacotherapy, and supporting self-management in the community. We aimed to explore whether Alberta pharmacists provide comprehensive COPD care (e.g., optimization of therapy), what factors are